

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/568,547

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15							65						
16		1					66						
17		1					67						
18	1						68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36	1						86						
37	1						87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42	1						92						
43	1						93						
44	1						94						
45		1					95						
46		1					96						
47		1					97						
48							98						
49							99						
50							100						
TOTAL IND.	5		↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.	42	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	47						TOTAL CLAIMS						